



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\***

CONFIRMATION NO. 6487

Bib Data Sheet

|   |   |                            |   |   |
|---|---|----------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/670,518  | <b>FILING OR 371(c) DATE</b><br>09/26/2003<br><b>RULE</b>   | <b>CLASS</b><br>257        | <b>GROUP ART UNIT</b><br>2814   | <b>ATTORNEY DOCKET NO.</b><br>F03-366-USdiv |
| <b>APPLICANTS</b><br>Toshiya Uemura, Aichi-ken, JAPAN;<br>Naoki Shibata, Aichi-ken, JAPAN;<br>Shizuyo Noiri, Aichi-ken, JAPAN;<br>Shigemi Horiuchi, Aichi-ken, JAPAN;   |   |                            |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 08/866,129 05/30/1997 PAT 6,734,468   |   |                            |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 160885/1996 05/31/1996  |   |                            |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/16/2003</b>  |   |                            |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <input checked="" type="checkbox"/> Allowance<br>Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>JAPAN  | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>12   | <b>INDEPENDENT CLAIMS</b><br>1              |
| <b>ADDRESS</b><br>21254   |   |                            |   |   |
| <b>TITLE</b><br>Methods and devices related to electrode pads for p-type group III nitride compound semiconductors  |   |                            |   |   |
| <b>FILING FEE RECEIVED</b><br>750   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                            | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |